

02/15/02

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

205996US-8

First Inventor or Application Identifier

Terrance CHATFIELD

Title

SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT...

Assignee Name: GEMINI NETWORKS, INC.

Assignee Address: 7600 Leesburg Pike, Suite 202, Falls Church, VA 22043

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231**Fee Transmittal Form (e.g. PTO/SB/17)**

(Submit an original and a duplicate for fee processing)

ACCOMPANYING APPLICATION PARTS2. ☒ **Specification**Total Sheets **43**3. ☒ **Formal Drawing(s)**
(35 U.S.C. 113)Total Sheets **11**4. ☐ **Oath or Declaration**Total Pages a. ☐ Newly executed (original or copy)b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation / divisional w/ box 17 completed)i. ☐ **DELETION OF INVENTOR(S)**Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).5. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)a. ☐ Computer Readable Form (CRF)

b. Specification or Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ Paperc. ☐ Statements verifying identity of above copies7. ☐ Assignment Papers (cvr. sht. & doc.(s)) (3)8. ☒ **Application Data Sheet. See 37 CFR 1.76**9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of
(when there is an assignee)10. ☐ English Translation Document (if applicable)11. ☐ Information Disclosure
Statement (IDS)/PTO-1449 ☐ Copies of
Citations12. ☐ Request for Priority13. ☒ **White Advance Serial No. Postcard**14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)15. ☒ **Applicant claims small entity status.**
See 37 CFR 1.2716. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)
of application Serial No. Filed on☐ Which was published in English☐ Which was not published in English☐ This application claims priority of provisional application Serial No.

Filed

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BDL:TJF:fbj

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Docket No. 205996US-8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Terrance CHATFIELD

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT...

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	68 - 20 =	48	× \$18 =	\$864.00
INDEPENDENT CLAIMS	4 - 3 =	1	× \$84 =	\$84.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$740.00
TOTAL OF ABOVE CALCULATIONS				\$1,818.00
<input checked="" type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$909.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
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A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$909.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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